PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Att rney Dock t Nu	mber FREEM-372A
First Nam d Inv nt	r Faith Freeman
COMPL	ETE IF KNOWN
Application Number	Un / known
Filing Date	Herewith
Art Unit	Unknown
Examiner Name	Unknown
	First Nam d Inv nt COMPI Application Number Filing Date Art Unit

As the below named inventor, I her	eby declare that:			
My residence, mailing address, and ci	itizenship are as stated belo	w next to my name.		
I believe I am the original and first inv	entor of the subject matter	which is claimed and for wh	ich a patent is soug	ght on the invention entitled:
	WHIPPED CLEAN	ISER AND METHO	D OF	
	DISPENS	ING THE SAME		
- êt		•		·
	0)0			
· · · · · · · · · · · · · · · · · · ·		•		
·			•	
	(Title of the	Invention)	•	No.
the specification of which				
X is attached hereto	•			
				* .
OR.				
was filed on (MM/DD/YYYY)		as United States A	Application Number	or PCT International
L			•	
Anationing Number			•	
Application Number	and was amend	ed on (MM/DD/YYYY)	4 • •	(if applicable).
* 18.4		•	•	
I hereby state that I have reviewed an any amendment specifically referred to	id understand the contents (above.	of the above identified spec	ification, including t	he claims, as amended by
I acknowledge the duty to disclose info	ormation which is material to	natentability as defined in	37 CFR 1.56 inclu	ding for continuation-in-part
applications, material information which international filing date of the continua	i became available between	the filing date of the prior	application and the	national or PCT
I hereby claim foreign priority benefits		or (f), or 365(b) of any for	eign application(s)	for patent, inventor's or plant
breeder's rights certificate(s), or 365(s) States of America, listed below and h	a) of any PCT international	l application which designs	ted at least one c	ountry other than the United
breeder's rights certificate(s), or any	PCT international application	on having a filing date be	fore that of the ap	plication on which priority is
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO
ş., . e	*8 %		- -	
Additional foreign application num	nbers are listed on a supple	emental priority data sheet I	PTO/SB/02B attach	ed hereto:

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: Customer Number or Bar Code Label			OR X Corre	espondence address below
Kit M. Stetina, Esq. Name STETINA BRUNDA GARRED & E	RUCKER			
Address 75 Enterprise, Suite 250				
city Aliso Viejo		State (CA	zip 92656
County Corr	phone (949) 85			Fax (949)855-6371
I hereby declare that all statements made herein of my ow are believed to be true; and further that these statements made are punishable by fine or imprisonment, or both, un- validity of the application or any patent issued thereon.	der 18 U.S.C. 10	01 and t	hat such willful false stat	ements may jeopardize the
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as bee	n filed for this unsig	ned inventor
Given Name (first and middle [if any]) Faith	- V	Family or Sur		
Inventor's Signature	*			Date
Residence: City Huntington Beach	State CA		Country USA	Citizenship USA
Mailing Address 19582 Cloverwood Circle	, .			
city Huntington Beach	State CA		ZIP 92648	Country USA
NAME OF SECOND INVENTOR:	A petition ha	s been	filed for this unsign	ed inventor
Given Name (first and middle [if any]) Scott H.	·	Family or Sur	Name name Freeman	
Inventor's Signature				Date
Residence: City Huntington Beach	State CA		Country USA	Citizenship USA
Malling Address 19582 Cloverwood Circle		• .	0.00 8	Language Company
city Huntington Beach	State CA		ZIP 92648	Country USA
Additional inventors are being named on thesu		ional Inv		3/02A attached hereto.

Please type a plus sign (+) inside this box	→ [+
---	-------------

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

			<u></u>			
Name of Additional Joint Inventor, if an	y:			A petition has	peen filed for	this unsigned inventor
Given Name (first and middle [if any])				Fan	nily Name or	Surname
Frank H.			Ast	oury		
Inventor's Signature			T	·		Date
Residence: City Anaheim	State	• CA		Country USA		Citizenship USA
Mailing Address 144 N. Trevor Street						
Mailing Address				·	•	
City Anaheim	Stat	e CA		ZIP 92806	Coun	try USA
Name of Additional Joint Inventor, if a	ny:			A petition has t	een filed for	this unsigned inventor
Given Name (first and middle [if any]				Fa	mily Name or	Surname
×	. ,					
Inventor's Signature		3				Date
Residence: City	Sta	ite		Country		Citizenship
Mailing Address						
					-	
Mailing Address	$\overline{}$					•
City	S	ate		ZIP	c	ountry
Name of Additional Joint Inventor, if a	any:			A petition has t	een filed for	this unsigned inventor
Given Name (first and middle (if any])			, , , , , , , , , , , , , , , , , , ,	Family Nam	e or Sumame
Inventor's						Date
Signature Residence: City	Sta	ite		Country		Citizenship
Mailing Address						
Mailing Address					— т	
City	Sta	ate		ZIP		Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box		+	i
---	--	---	---

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Faith Freeman
Title	WHIPPED CLEANSER
Group Art Unit	Unknown
Examiner Name	Unknown :
	FREEM-372A

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Name Registration Number Name Registration Number Name Na	or Practitioner(s) named below: Name Name as my/our attorney(s) or agent(s) to prosecute the application ide business in the United States Patent and Trademark Office connect Please change the correspondence address for the above-identification or Practitioners at Customer Number OR Firm or	Registration Number Thiffied above, and to transact all ed therewith. ed application to: Place Customer Number Bar Code
Practitioner(s) named below: Name	as my/our attorney(s) or agent(s) to prosecute the application ide business in the United States Patent and Trademark Office connect Please change the correspondence address for the above-identification or Practitioners at Customer Number. OR Firm or	ntified above, and to transact all ed therewith. ed application to: Place Customer Number Bar Code
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Name Registration Number Registration Number Registration Number Registration	as my/our attorney(s) or agent(s) to prosecute the application ide business in the United States Patent and Trademark Office connect Please change the correspondence address for the above-identifi The above-mentioned Customer Number. OR Practitioners at Customer Number OR	ntified above, and to transact all ed therewith. ed application to: Place Customer Number Bar Code
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Kit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States. Telephone (949) 855-1246 Fax (949) 855-6371' Iamthe: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.	as my/our attorney(s) or agent(s) to prosecute the application ide business in the United States Patent and Trademark Office connect Please change the correspondence address for the above-identification of the above-mentioned Customer Number. OR Practitioners at Customer Number OR	ntified above, and to transact all ed therewith. ed application to: Place Customer Number Bar Code
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Kit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.	Please change the correspondence address for the above-identification of the above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	ed application to: Place Customer Number Bar Code
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio United States Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant - Primal Elements, Inc. Signature Date Date	Please change the correspondence address for the above-identification of the above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	ed application to: Place Customer Number Bar Code
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Kit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio United States Telephone I amthe: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant - Primal Elements, Inc. Signature Date	Please change the correspondence address for the above-identification of the above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	ed application to: Place Customer Number Bar Code
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Practitioners at Customer Number Rit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant - Primal Elements, Inc. Signature Date Date	Please change the correspondence address for the above-identification of the above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	ed application to: Place Customer Number Bar Code
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Practitioners at Customer Number Rit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant - Primal Elements, Inc. Signature Date Date	Please change the correspondence address for the above-identification of the above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	ed application to: Place Customer Number Bar Code
Dusiness in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Kit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I amthe: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.	Please change the correspondence address for the above-identification of the above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	ed application to: Place Customer Number Bar Code
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Kit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.	Please change the correspondence address for the above-identification. The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	ed application to: Place Customer Number Bar Code
The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Kit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States. Telephone (949) 855-1246 Fax (949) 855-6371 Iam the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.	The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or	Place Customer Number Bar Code
Practitioners at Customer Number OR X Firm or Individual Name Kit M. Stetina, Esq. Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant - Primal Elements, Inc. Signature Pate	OR Practitioners at Customer Number OR	Number Bar Code
Practitioners at Customer Number Number Bar Code Label here	Practitioners at Customer Number OR Firm or	Number Bar Code
Signature Scott H. Freeman, President - Primal Elements, Inc.	OR Firm or	Label here
Kit M. Stetina, Esq.	Firm or	
Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.	X Firm or	
Address STETINA BRUNDA GARRED & BRUCKER Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.	Individual Name IK tf M. Stetina, ESQ.	
Address 75 Enterprise, Suite 250 City Aliso Vicio State CA Zip 92656 Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature	Address STETINA BRUNDA GARRED & B	RUCKER
Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc.		
Country United States Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature		itate CA Zip 92656
Telephone (949) 855-1246 Fax (949) 855-6371 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature	City Also y leio	
I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature	100000000000000000000000000000000000000	(949) 855-6371
Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature	Telephone ((949) 853-1240	gx 1(747) 033 03 .
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature	lamthe:	· ·
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature	Applicant/Inventor.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Scott H. Freeman, President - Primal Elements, Inc. Signature		
Name Scott H. Freeman, President - Primal Elements, Inc. Signature	X Assignee of record of the entire interest. See 37 CFR 3.7	1.
Name Scott H. Freeman, President - Primal Elements, Inc. Signature	Statement under 37 CFR 3.73(b) is enclosed. (Form PTC	0/SB/96).
Signature	SIGNATURE of Applicant or Assigne	e of Record
Signature	Name Scott H. Freeman, President - Pri	mal Elements, Inc.
Date		
Date		
NOTE OF THE PROPERTY OF A PROPERTY OF A PROPERTY OF THE PROPER	UNITE Circulates of all the inventors or assignees of record of the entire interest	or their representative(s) are required. Submit mu

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.